The *post* has fallen vacant since 1-2-93 and steps are being taken to fill it up on regular basis.

Code of Medical Ethies

240, SHRI V. RAJESHWAR RAO: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state-

(a) whether a Code of Medical Ethics exists in India;

(b) if so, what is this Code;

(c) which is the agency which en. forces this Code; and

(d) How many cases of violation of this Code have been detected dur ing the last 3 years?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): (a) Yes. Sir.

(b) and (c) The Medical Council of India and the State Medical Co-^tacils have framed a Code of Medical Ethics to regulate the medical profession in the country, which is supposed to be observed by all per. sons whose names are borne on the Indian Medical Register. The Code of Medical Ethics is approved by the Central Government u/s 33 of the Indian Medical Council Act, 1956.

(d) As per information prwidad by the Medical Council of India, out of 300 complaints received, only in 3 cases violation has been detected and action taken so far.

Pregmaney related deaths

241. SHRI SHANTI TYAGI: Will the Minister of HEALTH AND FA MILY WELFARE be pleased to state:

(a) whether Government has seem a press report of the recently held 36th All India Congress of Obstet-rises and Gynaecology where it was stated that nearly 125,000 women die due to pregnancy related causes annually; and

(b) if so, what programme Gov. emment has launched or proposes to start to bring down the aforesaid maternal mortality?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B SH-ANKARANAND): (a) Yes, Sir.

(b) The Department of Family Welfare has undertaken several interventions to reduce maternal mortality rates in the country. These include '•—

1. Universal Immunization Programme — Two doses of tetanus toxoid are given in the ante-natal period to protect women against tetanus.

2. Maternal and Child Health — Iron and folic acid tablets are provided as a prophylaxis against anaemia. In the basic training programmes of the female health workers, screening of pregnant women with high risk factors and their referral for medical care nas been included. Over 5 lakh traditional birth attendants have bee$_n$ trained foy providing clean delivery servi-

3. A new Child Survival and Safe Motherhood Programme (CSSM) has been launched in. 1992-93 at a total cost of Rs. 1125 crores. It will be implemented throughout the country in phases over a period of 7 years. Addi-tional funds hav\e bee$_n$ provided to the states to supply disposable delivery kits to pregnant women to be used by the attendant during delivery to ensure clean delivery. Birth spacing ig being promoted as a measur$_e$ to reduce maternal mortality as the risks of maternal deaths are higher in areae with high fertility rates.

51 selected districts have been t*-ken up under the CSSM Programme in 1992-93. Medical Omeers and peripheral health staff hav$_e$ been re-tained to improve quality and cover-age of the services. Midwifery kits have been supplied to the female health workers

All districts will be covered in a phased manner by 1996-97.

4. First referral units are being established for providing emergency obstetric care in selected high risk districts in a phased manner. A total of 219 districts will be covered during the period 1992-93 to 1996-97.

5. Social Safety Net — Additional funds are being provided to the States of Madhya Pradesh, Uttar Pradesh, Bihar, Rajasthan, Orissa, West Bengal, Haryana. Gujarat and Ker. ala to upgrade facilities in selected primary health centres (30,000 population) in 90 identified districtB with poor demographic profile. The extra facilities "will include the provision of a properly equipped operation theatre and a labour room.

T. B. Patients in the Capital

242. SHRI DIGVTJAY SINGH;
SHRI SATYA FRAKASH MALAVTYA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state

(a) what on an average ig the annual rise in the T B. patients in Delhi;

(b) what are the existing facilities in th$_e$ T.B. Hospitals to treat the patients;

(c) what according to the assessment if any, made by the Government are the deficiencies in the T. B. Hospital.; and the manner in which Government propose to re-nwvo them: and

(d) what measures have been taken by Government to check the 9p-r»aa of T. B. in the eity?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): (a) Wo reliable estimate is availably about the number of average annual rise in TB patients in Delhi

(b) and (c) Anti TB drugs are sup plied to diagonised TB patients free of cost, by domiciliary treatment. Se riously ill TB patients and those re quiring surgical interventions are admitted to TB hospitals where TB beds ar$_e$ available. Government has provided funds to TB hospitals to increase the availability of diagonis-tic and treatment facilities and res earch.

(d) Under the National TB Control Programme free diagnosis and treatment facilities are provided through TB centres|TB clinics. BCG vaccination ig given to infants *of* age group 0-1 year as a preventive measure under Universal Programme of Immunization, besides training of personnel engaged in the programme of Health Education to the People.

243 *[Transferred to 5th March*

Japan aided equipment in Osmania General Hospital , Hyderabad

244. DR. NARREDDY THULAS: HLDDY: Will the Minister of HEALTH AND FAMILY WELFARE
be pleased to state:

(a) whether Government of Andhra Pradesh have submitted proposals for seeking Japan aided equipment to Quli Qutub Shah Diagnos-tk Centre, Osmania General Hospital, Hederabad: and

to the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): (a) and (b) Yes. A proposal in this regard from the State Government posed in March, 1992 to the Japanese authorities. However, the proposal was not agreed to as it did not come within the framework of their equipment aid programme. The State Government thereafter sent a revised proposal which has since been posed to ttife Japanese authorities.